

<b>BioResponse Testing (specify agent)</b>	
<b>Test Description</b>	Confirmatory identification of clinical isolates presumptively identified as <i>Bacillus anthracis</i> , <i>Yersinia pestis</i> , <i>Francisella tularensis</i> , <i>Burkholderia</i> sp., <i>Coxiella</i> sp., <i>Brucella</i> sp. or orthopox virus
<b>Test Use</b>	To rule out infection caused by the listed organisms
<b>Test Department</b>	Bio-Response Phone: (860) 920-6550 FAX: (860) 920-6721
<b>Methodology</b>	Various to include culture, DFA, PCR
<b>Availability</b>	Daily, Monday-Friday, or by arrangement with the BioResponse Supervisor
<b>Specimen Requirements</b>	Pure culture of a clinical isolate submitted on agar slant (preferred) or plate.
<b>Collection Kit/Container</b>	To obtain collection kit, refer Collection Kit Ordering Information.
<b>Collection Instructions</b>	Varies by agent and specimen type. Prior to specimen submission consult with Bio-Response Supervisor at (860) 920-6550. After hours emergency contact number is (860) 716-2705.
<b>Specimen Handling and transport</b>	Store and transport isolates at ambient temperature. Avoid temperature extremes. Follow all applicable federal packaging & shipping regulations.
<b>Unacceptable Conditions</b>	Unlabeled specimens Specimens that have leaked or containers that have broken in transit Specimens in viral transport media
<b>Requisition Form</b>	Clinical Test Requisition (select <b>Bioterrorism Agent Identification</b> . Specify the suspected organism)
<b>Required Information</b>	Name and address of submitter (and/or Horizon profile #) Patient name or identifier, town of residence (city, state, zip), date of birth Specimen type or source, date collected, test(s) requested Please ensure patient name on the requisition matches that on the specimen

Revision: 8/25/15